

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5	2					
6	1					
7	1					
8	4					
9	2					
10	1					
11	2					
12	2					
13	4					
14	1					
15	1					
16	1					
17	1					
18	2					
19	1					
20	1					
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47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	62	←	←	←		
TOTAL CLAIMS	341	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.		←	←	←		
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████